

<i>SERFF Tracking Number:</i>	<i>AGMK-125583763</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American International Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>08-03-815-138</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger Auto</i>		
<i>Project Name/Number:</i>	<i>AR Policy Jacket/</i>		

Filing at a Glance

Company: American International Insurance Company

Product Name: Private Passenger Auto	SERFF Tr Num: AGMK-125583763	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT \$20
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: 08-03-815-138	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Author: Gary Kline	Disposition Date: 04/10/2008
	Date Submitted: 04/09/2008	Disposition Status: Approved
Effective Date Requested (New): 06/30/2008		Effective Date (New): 06/30/2008
Effective Date Requested (Renewal): 08/29/2008		Effective Date (Renewal): 08/29/2008

State Filing Description:

General Information

Project Name: AR Policy Jacket	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/10/2008	
State Status Changed: 04/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The above captioned American International Companies are hereby filing BJP 8054 (6/98), Policy Jacket for the above referenced company.

The policy jacket has been revised by overlaying the new president's name for this company. The new president for American International Insurance Company is Tony Desantis. No other changes have been made to this form.

<i>SERFF Tracking Number:</i>	<i>AGMK-125583763</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Private Passenger Auto</i>		
<i>Project Name/Number:</i>	<i>AR Policy Jacket/</i>		

Our proposed effective date for this filing is June 30, 2008 for new business and August 29, 2008 for renewals.

Please contact me at the number listed above or e-mail me at gary.kline@aig.com if you have any additional questions concerning this filing.

Company and Contact

Filing Contact Information

Gary Kline, Contract Analyst	gary.kline@aig.com
One AIG Center	(302) 252-2172 [Phone]
Wilmington, DE 19803	(302) 252-2455[FAX]

Filing Company Information

American International Insurance Company	CoCode: 32220	State of Domicile: New York
One AIG Center	Group Code: 12	Company Type: Property & Casualty
Wilmington, DE 19803	Group Name: AIGM	State ID Number:
(302) 252-2165 ext. 2165[Phone]	FEIN Number: 13-3333609	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	Correction to previously filed form - \$20
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American International Insurance Company	\$20.00	04/09/2008	19390268

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<i>Project Name/Number:</i>	<i>AR Policy Jacket/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	04/10/2008	04/10/2008

<i>SERFF Tracking Number:</i>	<i>AGMK-125583763</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Private Passenger Auto</i>		
<i>Project Name/Number:</i>	<i>AR Policy Jacket/</i>		

Disposition

Disposition Date: 04/10/2008

Effective Date (New): 06/30/2008

Effective Date (Renewal): 08/29/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AGMK-125583763</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American International Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	Cover Letter		Yes
Form	Policy Jacket		Yes

SERFF Tracking Number:	AGMK-125583763	State:	Arkansas
Filing Company:	American International Insurance Company	State Tracking Number:	EFT \$20
Company Tracking Number:	08-03-815-138		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Private Passenger Auto		
Project Name/Number:	AR Policy Jacket/		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
	Policy Jacket	BJP 8054 (6/98)	0698	Other	Replaced	Replaced Form #: Previous Filing #:		BJP 8054 (6-98) (CW-AIIC).pdf

A U T O M O B I L E P O L I C Y

COVERAGE IS PROVIDED BY:

AMERICAN INTERNATIONAL INSURANCE COMPANY

(A stock insurance company, herein called the Company)



American International Companies®

Insurance Provided by Members of American International Group, Inc.

*The Policy, together with the Declarations Page and endorsements,
if any, complete the policy.*

YOUR PERSONAL AUTO POLICY - QUICK REFERENCE

- DECLARATIONS PAGE INCLUDES:
- Your Name and Address
 - Your Auto or Trailer
 - Policy Period
 - Coverages and Amounts of Insurance

	<u>Beginning On Page</u>
AGREEMENT	1
DEFINITIONS	1
PART A - LIABILITY COVERAGE	2
Insuring Agreement Supplementary Payments Exclusions Limit of Liability Out of State Coverage Financial Responsibility Other Insurance	
PART B - MEDICAL PAYMENTS COVERAGE	4
Insuring Agreement Exclusions Limit of Liability Other Insurance	
PART C - UNINSURED MOTORISTS COVERAGE	5
Insuring Agreement Exclusions Limit of Liability Other Insurance Arbitration	
PART D - COVERAGE FOR DAMAGE TO YOUR AUTO	7
Insuring Agreement Transportation Expenses Exclusions Limit of Liability Payment of Loss No Benefit to Bailee Other Sources of Recovery Appraisal	
PART E - DUTIES AFTER AN ACCIDENT OR LOSS	9
PART F - GENERAL PROVISIONS	10
Bankruptcy Changes Fraud Legal Action Against Us Our Right to Recover Payment Policy Period and Territory Termination Transfer of Your Interest in This Policy Two or More Auto Policies	

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

American International Insurance Company

Elizabeth M. Tuck
Secretary

Tony DeSantis
President

<i>SERFF Tracking Number:</i>	<i>AGMK-125583763</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

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Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	03/28/2008

Comments:

Attachment:

Signed Transmittal.pdf

	Review Status:	
Satisfied -Name:	Cover Letter	04/09/2008

Comments:

Attachment:

Policy Jacket AR DOI Cover Letter.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	



One AIG Center
Wilmington, DE 19701
302.252.2172
302.252.2455 Fax

Gary Kline
Contract Analyst
Compliance

April 9, 2008

Arkansas Insurance Department
Property & Casualty Division
1200 W 3rd St
Little Rock, AR 72201-1904

RE: Personal Auto Forms Filing
American International Insurance Company, NAIC # 32220
Company File Number: 08-03-815-138

Dear Sir or Madam:

The above captioned American International Companies are hereby filing BJP 8054 (6/98), Policy Jacket for the above referenced company.

The policy jacket has been revised by overlaying the new president's name for this company. The new president for American International Insurance Company is Tony Desantis. No other changes have been made to this form.

Our proposed effective date for this filing is June 30, 2008 for new business and August 29, 2008 for renewals.

Please contact me at the number listed above or e-mail me at gary.kline@aig.com if you have any additional questions concerning this filing.

Sincerely,

Gary Kline
AIG Marketing, Inc.



Services Provided by Members of American International Group, Inc.